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CONFIRMATION NO. 2874

<b>SERIAL NUMBER</b> 10/722,891	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-10520.02
<b>APPLICANTS</b> David L. Thompson, Andover, MN; Koen J. Weijand, ALFAS DEL PL, SPAIN; Daniel R. Greeninger, Coon Rapids, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/261,317 09/30/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/10/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Frances P. Olopes</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 16
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 27581				
<b>TITLE</b> Multi-mode programmer for medical device communication				
<b>FILING FEE RECEIVED</b> 900	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	